

TO: (Name and Title of Staff Member) <i>Dr. Beam</i>	DATE: <i>3-5-05</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>unicor</i>	UNIT: <i>CVA Cell 104</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, For The Past 4 days I have not used The Toilette Because I am Clog-up. The situation That I Am in For The going Three weeks eating white bread cheese causes such problem. I Am allergic To Milk of MAGNESIA, Metamucil only makes things worsen. Please understand I CAN Afford The above item's, I have bought them before and experienced the above, while I were in Springfield Medical institution the doctor's recommen I use BisAcodyl 5mg Tab.

Thank you very much For your Cooperation.

(Do not write below this line)

DISPOSITION:

Increase The amount of water  
you drink to take care  
of this problem

Signature Staff Member

*[Signature]*  
DR. BEAM, MD  
FBI MCKEAN

Date

*3/10/05*

Record Copy - File; Copy - Inmate  
This form may be replicated via (EP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) Dr Colin dental department	DATE: 10-14-04
FROM: Anthony Allen	REGISTER NO.: 40428-053
WORK ASSIGNMENT: Unicon	UNIT: CA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Please Forward To me A copy of my dental record From January First 2000 Through September 13 of 2004. Please include copies of X-RAY and name(s) of medication(s) That were Prescribed Any.  
Thank you for your earliest Reply.

(Do not write below this line)

DISPOSITION:

See Attached  
7 Pgs.

(Cannot copy  
X-rays)

FCI McLean

Signature Staff Member

Date

10/14/04

Record Copy - File; Copy - Inmate  
This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) <i>To The STAFF in charge</i>	DATE: <i>10-14-04</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>Unicor</i>	UNIT: <i>C-7</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*Good day This is my second request for  
A copy of the record from the doctor when  
I was ill and have to went to the outside hospital  
in 2003 in Bradford.  
Waiting for your earliest reply*

(Do not write below this line)

DISPOSITION:

*See attached  
B pgs.*

Signature Staff Member

*T. McKear*

Date

*FCI McKear*

*10/14/04*

Record Copy - File; Copy - Inmate  
This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



## PART B-RESPONSE

This is in response to your Request for Administrative Remedy received in my office on September 27, 2004 in which you claim denial of proper dental treatment. Specifically, you request a root canal.

An investigation of your complaint reveals you first complained of tooth pain on September 19, 2000. Examination revealed your upper right premolar had a cavity involving the front and back of the tooth. At that time, the decay was removed and a special medication, Dycal, was placed permanently in the tooth with a temporary filling over it. You were advised to fill out a cop-out for routine care so the temporary filling could be replaced with a permanent filling. You were not seen again with complaints of this tooth until December 9, 2002. At that visit it was found the decay had reoccurred and most of the temporary filling was missing. An abscess was also identified in the pulp of the tooth at that time. Due to the extent of decay you were informed the tooth would most likely not be able to support a permanent filling. Extraction of the tooth was recommended. You refused to have the tooth extracted, so the decay was again removed, Dycal placed in the tooth, and a semi-permanent filling was again placed over the tooth as much as possible. On August 18, 2003, you presented to the dental clinic with a complaint of swelling above this same tooth. The restoration placed in the tooth on December 9, 2002, was still in place. The swelling occurring was coming from above the affected tooth. You were advised medication could be used to treat the tooth; however, you could not be maintained on the medication if the swelling were to persist or reoccur. You indicated that you understood and a prescription for Penicillin and Motrin was ordered. On October 22, 2003, you presented to the dental clinic again. At this time a fistula was observed above the tooth with the abscess still present at the apex of the root. You still refused to have the tooth extracted.

On December 18, 2003, you were transferred to FMC Springfield for other reasons not pertaining to your tooth. While there, you were seen on January 23, 2004, in the dental clinic for emergency care of the same tooth. On January 27, 2004 you were seen by a dentist and diagnosed with an abscess and fistula. A prescription for Penicillin and Motrin was given at that time. On September 2, 2004, you presented back at FCI McKean dental clinic with complaints of right upper jaw pain in the area of the abscessed tooth. You were encouraged to have the tooth extracted and again refused. A prescription for Penicillin and Motrin was again ordered. You again presented to the dental clinic on the next day, September 3, 2004. At this time you complained of sensitivity to your gums around the affected tooth. It was revealed you had been placing aspirin above your tooth to relieve the pain. You were educated this will cause chemical burns to your gums. You were advised to use warm salt water rinses and take the medication prescribed. For almost four years you have neglected your tooth and not followed the recommended treatment.

Based on this information, your Request for Administrative Remedy is denied.

In the event that you are not satisfied with this response, you may appeal within twenty (20) calendar days from the date of this response by submitting a BP- DIR-230 to the regional director.

10/8/04  
Date

  
James F. Sherman, Warden



## FEDERAL BUREAU OF PRISONS

## m e m o r a n d u m

FCI McKean, Pennsylvania

DATE: September 30, 2004

REPLY TO: *See for:*

ATTN OF: Rosemary Dean, Warden's Secretary

SUBJECT: ADMINISTRATIVE REMEDY (BP-9)  
MCK 353209-F2

TO: Rodney Smith, Health Service Administrator

Please investigate the attached BP-229 filed by inmate **ALLEN, Anthony**; reg. no.: **40428-053**. Route your response through your Associate Warden and Camp Administrator/Legal Liason. Your administrative remedy response is due in the warden's office no later than **October 7, 2004**.

RECEIVED HEALTH SVC.  
OCT 31 10:11:00

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Sensitive Limited Official Use Only

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Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: ALLEN, ANTHONY 40428-053 CA AM 11:49 FCI MCKEAN  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

For the past several weeks I have been experiencing intense pain in my front tooth. After being seen by the dentist, I was told that I have developed an infection in my tooth and as a remedy, my only options are: (1) I would have to wait until I am released to have the infection in my tooth properly addressed; or (2) have the tooth removed. Because I am currently serving a life sentence, the first option clearly isn't viable. The second option, however, poses several problems. What happens should another one of my tooth become infected? Do you continue to pull each individual tooth until I am left with just gums? Where do you draw the line? Because I am guaranteed proper and adequate medical treatment (dental included) that is commensurate to that which is being extended to the surrounding community, arbitrarily pulling my tooth rather than properly treating the infection is wholly intrusive and an affront to sound and proper medical treatment.  
(PLEASE SEE ATTACHED)

9-25-04  
DATE

Anthony Allen  
SIGNATURE OF REQUESTER

Part B- RESPONSE

\_\_\_\_\_  
WARDEN OR REGIONAL DIRECTOR  
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.  
CASE NUMBER: 353209  
ORIGINAL: RETURN TO INMATE \_\_\_\_\_  
CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION  
SUBJECT: \_\_\_\_\_  
\_\_\_\_\_  
DATE  
\_\_\_\_\_  
RECIPIENT'S SIGNATURE (STAFF MEMBER)

Case 1:05-cv-00331-SJM-SBB Document 11-16 Filed 07/07/2005 Page 1 of 27  
You **MUST** attempt to inform resolve your complaint through you **Correctional Counselor**. Briefly state  
complaint below, and list what steps you have made to resolve your complaint informally, stating names of staff  
contacted.

This Informal Resolution was issued by Correctional Counselor, Falvo on 9/09/04 and returned  
to the counselor on 9/13/04  
Date Date


Inmate's Name Anthony Allen Reg. No. 40428-053 Unit CA

1. Complaint:

-PLEASE SEE ATTACH-

2. Efforts made to informally resolve and staff contacted:

-PLEASE SEE ATTACH-

  
Inmate's Signature

40428053  
Inmate's Reg. No.

\*\*\*\*\*  
**PART 2 Correctional Counselor's Comments:**

1. Efforts made to informally resolve: SEE ATTACHED (Just Notified  
by Dr Collins today (9-22-04).

Date informally resolved or BP-9 issued: 09-22-04

Counselor's Signature: 


\*\*\*\*\*  
**Distribution:** If complaint is NOT informally resolved, forward original Administrative Remedy to the Warden  
(attn: Warden's Secretary) through your unit team.

INFORMAL ADMINISTRATIVE REQUEST

For the past several weeks I have been experiencing intense pain in my front tooth. After being seen by the dentist, I was told that I have developed an infection in my tooth and as a remedy, my only options are: (1) I would have to wait until I am released to have the infection in my tooth properly addressed; or (2) have the tooth removed. Because I am currently serving a life sentence, the first option clearly isn't viable. The second option, however, poses several problems. What happens should another one of my tooth become infected? Do you continue to pull each individual tooth until I am left with just gums? Where do you draw the line? Because I am guaranteed proper and adequate medical treatment (dental included) that is commensurate to that which is being extended to the surrounding community, arbitrarily pulling my tooth rather than properly treating the infection is wholly intrusive and an affront to sound and proper medical treatment. Certainly no one around these parts are being subjected to the inferior and perfunctory terms regarding dental care that is being extended to me. Removing my tooth at this stage is undoubtedly unwarranted and clearly arbitrary.

RELIEF

The infection in my tooth, I am told, requires a root-canal. I am requesting that the root-canal be performed on my tooth rather than having the tooth removed. If cost is a factor, I offer to pay for it.

  
\_\_\_\_\_  
Anthony Allen 40428-053

Dated: September 13, 2004

**BP-8 Response attachment**

**Name:** ALLEN, A.


**Reg. #:** 40428-053

**Date:** 09-22-2004

**Concern:** DENTAL CARE

In your attached concern, you state that after being seen by the dentist for intense pain in your front tooth, you were told that the necessary procedure would be extraction, to which you are in question of.

Upon speaking with Dr. Collins (FCI McKean dentist) today, I was informed that the tooth in mention is abscessed, and that extraction of that tooth is the only means available to alleviate the pain. If this were performed, he would create a "partial" to fill in for the extracted tooth, along with the other missing teeth you already have. The reason for the partial is to prevent the other teeth from "drifting". Root-canals are not routine practice for these types of infections. Any further clarification should be directed to Dr. Collins at sick call.

R. Falvo   
Unit CA Counselor  
09-22-2004

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Medical department Mrs.	DATE: 9-20-04
FROM: Anthony Allen	REGISTER NO.: 40428-053
WORK ASSIGNMENT: Uniscor	UNIT: CA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day this is my second request asking about  
The result of my blood Cholesterol Test which were taken  
about five (5) or so weeks ago. Thank you very much  
for your earliest response.

(Do not write below this line)

DISPOSITION:

See attached  
(1)

FBI McKean

Signature Staff Member

Date

T. P. [Signature]

9/22/04

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>1/15/04</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>N/A</i>	UNIT: <i>1-3</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*Good day, I would like to have A copy of my Full medical including my operation And all the blood Test, purposes And results.*

*Thank you very much Also hoping For your earliest reply.*

Medical Center for Federal Prisoners  
MEDICAL RECORDS

JAN 21 2004

(Do not write below this line)

SENSITIVE - LIMITED OFFICIAL USE  
The attached copies are subject to  
Privacy Act/FOIA screening and are  
considered SENSITIVE

DISPOSITION:

RECEIVED

Attached are copies as requested, excluding HIV results. These copies include:  
Labs 12-29-03 to 12-22-03; Surgical Consultation 12-23-03; Operation Report  
01-09-04. Total of 9 pages copied.

Signature Staff Member <i>C. Hendon RHIT</i> C. Hendon, RHIT, Medical Records Administration Specialist	Date: <i>01-28-04</i>
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

Date: 11/11/03Unit: C 01To: AllenReg. #: 40428-053

Your case has been reviewed by our Utilization Review Committee and the decision was:

You have been approved for the repair of your hernia. A request for final approval has been sent to the Central Office.

TO: (Name and Title of Staff Member) Dr's or PA's	DATE: 11-3-03
FROM: Anthony Allen	REGISTER NO.: 40428-053
WORK ASSIGNMENT: UNICOR	UNIT: C-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, I request to get the blood test that I took at Bradford hospital on the 11-1-03 between 9/10 o'clock pm.

Thank you very much

(Do not write below this line)

DISPOSITION:

Please request at a later date. Nothing has been received yet.

FCI McKean

Signature Staff Member

*J. Leary*

Date 11/3/03

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 84  
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) <i>dentist</i>	DATE: <i>5-15-03</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>Unicor</i>	UNIT: <i>C-1A</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*Good day Concerning our last meeting my  
Teeth were clean on 4-28-03 you also inspect my  
Teeth And you say That a few have cavity so I  
am asking you for your earliest date for  
such fixing.  
Thank you very much.*

(Do not write below this line)

## DISPOSITION:

*Please continue to watch the call  
outs. We will get you in as soon  
as possible.*

Signature Staff Member <i>J. Batista</i>	Date <i>5-16-03</i>
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 94  
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) Mr Beam	DATE: 5-15-03
FROM: Anthony Allen	REGISTER NO.: 40428-053
WORK ASSIGNMENT: Unit or	UNIT: C/A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day Sir: I am asking you for your earliest date to have a discussion concerning my health. ~~Very important~~  
Thank you very much

(Do not write below this line)

DISPOSITION:

Let's try for 6/23/03 @  
1230  
watch the callouts

Signature Staff Member [Signature]	Date 5/15/03
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated 1st 94  
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) <i>Dentist</i>	DATE: <i>03 APR 28 PM 4:28-03</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428053</i>
WORK ASSIGNMENT: <i>Unicorn</i>	UNIT: <i>C.A</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I would like to get My Teeth  
Clean*

*Thank you very much*

(Do not write below this line)

DISPOSITION:

*Your name has been added to the  
dental waiting list. Please watch  
the call-outs.*

*Thank-you*

Signature Staff Member <i>J. L. Colvin, CDA</i> <i>J. Colvin DA</i> FCI McKean	Date <i>4/29/03</i>
Record Copy - File; Copy - Inmate (This form may be replicated via WP)	This form replaces BP-148.070 dated Oct 94 and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) MR. DENTIST	DATE: HEALTH SVC NOV 25 11-25-2002
FROM: Anthony Allen	REGISTER NO.: 40425-053
WORK ASSIGNMENT: UNI	UNIT: C.A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, this is my third cop-out to you since last month complaining about the braking out of my filling which we spoke about over 18 months ago and it hurt whenever I eat or drink anything cold, so please I am asking for your help.

Thank you, hoping for your earliest reply.

(Do not write below this line)

DISPOSITION:

Signature Staff Member

Date

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



## Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

## INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:

(Debe de llanar este formulario completamente, numeros 1-9.)

*Mertal*  
12/9/02  
at  
10:30am

1. Name: Allen  
(Nombre)
2. Reg. Number: 404 28-053  
(Numero de Registro)
3. Date: 10/25-2002  
(Fecha)
4. Housing unit and Unit Team: CW TEAM: A B C D  
(Unidad y equipo de la unidad)
5. Complaint. What is your problem ?  
(Queja). (Cual es su problema?)  
\_\_\_\_\_  
\_\_\_\_\_
6. How long have you had this problem?  
(Durante cuante tiempo ha tenido este problema?)  
Days \_\_\_\_\_ Months 3 Years 1  
Dias \_\_\_\_\_ (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ☒  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescipcion en la Comisaria?)  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Signature: Anthony Allen  
(Firma)

## TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: 12/09/02
11. Time Seen: 11:30am
12. Subjective: Performed follow up  
\_\_\_\_\_  
\_\_\_\_\_
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: \_\_\_\_\_ Appointment Time \_\_\_\_\_
14. Triage Personnel's Signature: [Signature]

TO: (Name and Title of Staff Member) Dentist	DATE: 10/28/02
FROM: Anthony Allen	REGISTER NO.: 409 28-053
WORK ASSIGNMENT: Unice	UNIT: C-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, this is my second cop-out to you  
concerning the the broke-away of my tooth  
its either the filling or the tooth itself is damaged.

Thank you very much for your  
earliest reply.

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM  
APR 94

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

DATE

10/16/2002

TO:

Mr Dentist

(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

My Filling drops out And I would like for it to be replace, I Also put in A Cop-out for cleaning About 2yrs Ago And I Am still # 73.

For your help

Thank you

(Use other side of page if more space is needed)

NAME:

Anthony Allen

NO:

40428-053

WORK ASSIGNMENT:

Unicorn

UNIT:

C.A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: Do not write in this space)

DATE

TO: (Name and Title of Staff Member) <i>Dr. Beem</i>	DATE: <i>10/28/2002</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>60428-053</i>
WORK ASSIGNMENT: <i>Cuicler</i>	UNIT: <i>C.A</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*Good day sir, I would like to get some gas pills or liquid because the commissary does not sell anything for gas relief, if that should be of any problem please make an appointment for me to explain my situation with you.*  
*Thank you very much, hoping for your earliest reply*

(Do not write below this line)

DISPOSITION:

*\* Pick up med at pill line  
10/30 or 10/31*

Signature Staff Member <i>[Signature]</i>	Date <i>10/28/02</i>
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Hospital	7/-1-/2002
FROM:	REGISTER NO.:
Anthony Allen	40428-053
WORK ASSIGNMENT:	UNIT:
Leisure	CA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Our failure to be specific may result in no action being taken. If necessary, you will interview me or my supervisor to successfully respond to your request.)

Good day, I would like to get my blood cholesterol level check, as soon as its possible for you.

Thank you very much

not site low s line)

DISPOSITION:

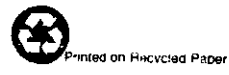
Please Make a sick call appointment

Signature: Herbert Beam Date: 7/2/02

H. BEAM, MD  
FCI MCKEAN

Record Copy - File Copy Inmate  
(This form may be duplicated via B)

This form replaces BP-148.070 dated  
and -S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr. Oslon</i>	DATE: <i>4/8/2002</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>Unicare</i>	UNIT: <i>C.A</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*Good day, in my medical records you stated that I can't work in the kitchen because I have been expose to T.B - Tuberculosis it have been (9) years now and all the test that I have taken are negative so please I am asking you to take such report from my medical Jacket. Thank you very much Mr. Oslon, also waiting your earliest reply.*

(Do not write below this line)

DISPOSITION:

*I will discontinue this restriction*

FCI McKean

Signature Staff Member <i>[Signature]</i>	Date <i>4/10/02</i>
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated  
and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Doris or PA's	DATE: 12-2-03
FROM: Anthony Allen	REGISTER NO.: 40428-053
WORK ASSIGNMENT: Unicorn	UNIT: CA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, On November 1, I went to The hospital in Brad-  
ford A few sample of my blood were Taken, so I'm Asking  
for The result it's my second request. Thank you very  
much for your earliest reply.

(Do not write below this line)

DISPOSITION:

Please request at a  
later date. Not returned  
from outside yet.

FCI McLean

Signature Staff Member

*[Signature]*

Date 12/3/03

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



Printed on Recycled Paper

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>Dentist</b>	DATE: <b>11-29-2001</b>
FROM: <b>Anthony Allen</b>	REGISTER NO. <b>40428-053</b>
WORK ASSIGNMENT: <b>unicor</b>	UNIT: <b>C.A</b>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, last year late september i got my teeth fill, i did not get them clean on that same day i put in a cop-out for that reason, while waiting for so long i decide to go and speak with a staff at the hospital on the 11-27-2001 she told me that i was not on the list. I would like to be on the list and get my tooth clean as soon as posible. Thank you very much.

(Do not write below this line)

DISPOSITION:

Your name has been added to the waiting list. Please watch the call-outs.

FCI McKean

Signature Staff Member <b>D. Tanner HZ7 D. Tanner, IUT</b>	Date <b>12-4-01</b>
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Medical Records	DATE: 8/30/201
FROM: Anthony Allen	REGISTER NO.: 40428053
WORK ASSIGNMENT: Unit	UNIT: C1A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I have been here for over 7 years now and I would like to get a biannual physical exam. As soon as possible.

Thank you

(Do not write below this line)

DISPOSITION:

You will be scheduled.  
Watch the call-out.

FCI McKean

Signature Staff Member R. E. T. W. J.	Date 9/4/01
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(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Doctor that test blood Hospital	DATE: 8-22-01
FROM: Anthony Allen	REGISTER NO.: 40428-053
WORK ASSIGNMENT: Unit	UNIT: C A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, I would like my blood to be tested for  
all the possible disease that can be check by blood. I'm  
not sick. Thank you very much hoping for your earliest reply.

(Do not write below this line)

DISPOSITION:

Please Make a sick call appointment

FCI McKean

Signature Staff Member  
D. Olson, MD  
Clinical Director

Date  
8/28/01

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This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94